## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # 738919**



**FILED** 

☐ Change

■ Addition

	NIFOF	RM BUSINE		REPORT	rna r (U	BR)	Ar	or 14, 200	3 8:0	0 am	
DOCUMENT # 738919  1. Entity Name UNITARIAN UNIVERSALIST CONGREGATION OF MIAMI, IN C.							S	Apr 14, 2003 8:00 an Secretary of State 04-14-2003 90786 020 ****61.25			
Principal Place of Business 7701 S.W. 76 AVENUE MIAMI FL 33143			Mailing Address 7701 S.W. 76 AVENUE MIAMI FL 33143						٠.		
2. Principal Place of Business 3.				3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State			4. FEI Number <b>59-0774186</b> Applied For Not Applicable					
Zip Country		Zip		Country		5. Certificate of S	5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name	and Address of Current I	Registere	ed Agent				dress of New Registered			1
						Name			_		1
TAYLOR, MARY ELIZABETH 7011 S.W. 64TH COURT MIAMI FL 33143						Street Addres	eet Address (P.O. Box Number is Not Acceptable)				
mann i E 00170					City			FL Zip Code			
	ions of regist	y submits this statement for ered agent. or printed name of registered agent a				ed office or regis		the State of Florida. I an	n familiar with,	and accept	
FILE NOW: FEE IS \$61.25				9. Election Campaign Financing Trust Fund Contribution.			<b>\$5.00</b> May Be Added to Fees				
10. OFFICERS AND DIRECTOR				ORS 11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				1_
STREET ADDRESS	EVPD ASGEIRSO 5510 SW 1 MIAMI FL 1	78ST		☐ Delete					☐ Change	☐ Addition	CR2E037 (10/02)
TITLE NAME STREET ADDRESS	PD	MARY ELIZABETH 34 COURT	er symme	Delete		I		بالإنجاب المنافق المالية	Change	☐ Addition	CR2
TITLE NAME STREET ADDRESS	TD Ferrer, L 6700 SW 5	UCGI 52 ST		☐ Delete	TITLE NAM STRE	E ET ADDRESS			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS	MIAMI FL: VPF SAVARD, E 1238 SOU			☐ Delete	TITLE				☐ Change	☐ Addition	
CITY-ST-ZIP TITLE	HOMESTE T	AD FL 33035		☐ Delete	CITY	-ST-ZIP			☐ Change	☐ Addition	

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

TITLE

NAME

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

MENADIER, DORTHY

MCARTHUR, JANICE

12130 SW 107 AVE

**MIAMI FL 33176** 

MIAMI FL 33143

7400 SW 82 CT #K-106

aulos Mary Elizabeth Leylor 4/3/03